

# Bird-In-Eye Surgery

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bird-in-Eye Surgery on 1 December 2015. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs
- Patients said they could make an appointment with a named GP and that there was continuity of care, with urgent appointments available on the same day.
- Urgent appointments were usually available on the day they were requested.
- The provider was aware of, and complied with, the requirements of Duty of Candour.
- The practice worked closely with other organisations in planning how services were provided to ensure that they met people's needs.

The areas where the provider must make improvements are:

- To ensure staff appraisals are undertaken.
- To establish a Patient Participation Group (PPG).

# Summary of findings

- To record minutes of meetings to assist in effective governance.

In addition the provider should:

- Review the changes to the telephone system to ascertain patients satisfaction levels.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had policies and procedures in place to help with the continued running of services in the event of an emergency.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing mental capacity and promoting good health.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We observed a strong patient-centred culture.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Although the practice had reviewed the needs of its local population, it had not put in place a plan to identify what impact the changes it had made had been experienced by patients.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available on the same day.
- The practice was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led.

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity All staff had received inductions but not all staff had received regular performance reviews or attended staff meetings and events.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- High standards were promoted and owned by all practice staff and teams worked together across all roles.

Requires improvement



# Summary of findings

- Whilst there were meetings to discuss clinical and staff issues there were no available minutes for these. An administration staff meeting was held in August 2015 but the last whole staff meeting documented was held in August 2014.
- The practice did not have a Patient Participation Group in place.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider was rated as requires improvement for effective and for well-led though good for responsive, caring and safe. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice endeavoured to assist patients to remain in their preferred place of care for as long as possible.
- All patients within this group who are discharged from hospital are contacted by a clinician, either face to face or by telephone, within 48 hours to discuss their needs.
- Elderly patients with complex needs had care plans and these were discussed monthly at multidisciplinary meetings.
- Visits are offered by the practice to housebound patients in this group so as to allow them to receive flu, pneumococcal and shingles vaccinations where applicable.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for effective and for well-led though good for responsive, caring and safe. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had a low rate for emergency admissions due to its proactive work with these patient groups.

**Requires improvement**



# Summary of findings

- In 13 of 19 common conditions the practice had achieved 100% of the clinical measures regarded as best practice.

## Families, children and young people

The provider was rated as requires improvement for effective and for well-led though good for responsive, caring and safe. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.
- Safeguarding policies and procedures were readily available to all staff.
- The practice ensured that children needing emergency appointments were seen on the day.

Requires improvement



## Working age people (including those recently retired and students)

The provider was rated as requires improvement for effective and for well-led though good for responsive, caring and safe. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice was proactive in offering online services as well as a full range of health promotions and screening that reflects the needs for this age group.

Requires improvement





# Summary of findings

- Patients could book appointments up to 7.45pm on three days of the week.
- Patients could request routine travel immunisations including Yellow Fever vaccinations.
- Electronic prescribing was available which enabled patients to order their prescriptions and collect it from a pharmacy of their choice.

## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for effective and for well-led though good for responsive, caring and safe. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice

- The practice held a register of patients living in vulnerable circumstances and these patients were offered a care plan.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had a GP who undertook the lead role for care at four local homes catering to people with learning disabilities.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Translation services were available to patients whose first language was not English.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice were able to accommodate those patients with limited mobility or who used wheelchairs.

**Requires improvement**



# Summary of findings

## People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for effective and for well-led though good for responsive, caring and safe. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice

- < >  
The practice maintained a register of patients with depression and these patients receive an annual review.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- In 2014/15 94% of mental health patients had a care plan, agreed between them, their families and/or carers as appropriate and the GP. This is above the CCG average of 88% and the national average of 88%.

Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 260 survey forms were distributed and 128 were returned.

- 33% found it easy to get through to this surgery by phone compared to a CCG average of 70% and a national average of 73%.
- 83% found the receptionists at this surgery helpful (CCG average 88%, national average 87%).
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 90%, national average 85%).
- 85% said the last appointment they got was convenient (CCG average 93%, national average 92%).
- 56% described their experience of making an appointment as good (CCG average 75%, national average 73%).

- 73% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards of which 38 were positive about the standard of care received. One comment card stated it was hard to make an appointment by telephone. The themes that ran through the comment cards were; the helpfulness of the reception staff, the flexibility of the practice when ensuring children are seen, the new appointment reminder system was good, doctors and nurses take the time to listen and explain issues.

We spoke with six patients during the inspection. All of these patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

- To ensure staff appraisals are undertaken.
- To establish a Patient Participation Group (PPG).
- To record minutes of meetings to assist in effective governance.
- To review the changes to the telephone system to ascertain patients satisfaction levels.

# Bird-In-Eye Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector and a practice manager specialist advisor.

## Background to Bird-In-Eye Surgery

Bird-in-Eye Surgery offers personal medical services to the population of Uckfield. There are approximately 8,000 registered patients.

Bird-in-Eye surgery is run by three male partner GPs. The practice is supported by two female salaried GPs, three practice nurses, a team of administrative staff, a practice manager and an assistant practice manager. They are registered as a teaching practice.

The practice delivers a number of services for its patients including asthma, COPD, diabetes and heart disease clinics, new patient checks, holiday vaccinations, child immunisation, breast health awareness and cervical screening.

Services are provided from one location.

Opening hours are Monday to Friday 8:00am to 6:30pm however the practice switchboard is open from 08:00. There are extended surgery times available on Tuesday, Wednesday and Thursday evenings until 7.45pm.

During the times when the practice is closed (6:30pm until 08:30am) the practice has arrangements for patients to access care from an out of hours provider.

The practice has a higher number of patients between 5-14, 15-19, 40-44, 45-49 and 50-54 years than the national and local CCG average. The practice also shows a lower number of patients 65+, 75+ and 85+ years of age. There is a lower number of patients with a long standing health condition and with a caring responsibility but there is a higher number of patients with health related problems in daily life. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service on 1 December 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. This included demographic data, results of surveys and data from the Quality and Outcomes Framework (QOF). QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice.

# Detailed findings

We asked the local clinical commissioning group (CCG), NHS England and the local Health watch to share what they knew about the service.

The visit was announced and we placed comment cards in the practice reception so that patients could share their views and experience of the service before and during the inspection visit. We carried out an announced visit on 1 December 2015. During our visit we spoke with a range of staff including three partner GPs, a locum GP, a practice nurse, the practice manager and assistant practice manager, receptionists and administrators. We also spoke to patients who used the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?

- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a generic incident reporting form that all staff knew to use. The practice carried out a thorough analysis of the significant events and evidence was seen by us of the dissemination of the issues and the outcomes.

We reviewed safety records, incident reports national patient safety alerts. Meetings had taken place to discuss these and all staff spoken to identified that these had taken place but no minutes of meetings were actually available. Lessons were shared by email with staff to make sure action was taken to improve safety in the practice. For example we saw an incident that occurred; that following the removal of the phlebotomy service there was a significant impact on patients, especially those still of school age, having to commute approximately 45 minutes to have these undertaken. A change was made to service delivery to ensure this service was undertaken by a GP.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as

chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Medicines at the practice were stored securely and were only accessible to authorised staff. There was a clear policy to help ensure that medicines were kept at the required temperatures and which described the actions required in the event of a power failure. Temperatures were checked and recorded in accordance with the practice processes.

Recruitment checks were carried out and the files reviewed for nursing and non clinical staff showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice used two long term locum GPs of which no references or photographic ID was held on file.

### Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the

## Are services safe?

reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. There was a system governing security of the practice with visitors required to sign in and out using the dedicated book in reception. The staff reception area in the waiting room was always occupied when patients were in the building. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and a system was in place to make arrangements for additional staff to be deployed at times of high demand or to cover other staff absences.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to emergencies and major incidents. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The emergency medicines included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. The emergency medicines we looked at were in date and checked regularly together with the emergency equipment. There was a defibrillator and oxygen with adult and children's masks available for the practice to use which was kept in the minor injuries unit of the hospital adjacent to the practice.

There was a business continuity plan in place to deal with a range of emergencies such as power failure, unplanned sickness and adverse weather. Key staff members held copies of this plan off site in the event that building could not be accessed

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice used computerised tools to identify patients with complex care needs and who had multi disciplinary care plans documented in their case notes.
- Discrimination was avoided at the practice when making care and treatment decisions. Interviews with staff showed that the culture within the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available, with 7% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was lower than the CCG and national average. The practice QOF was 87.2% with the CCG average being 90% and the National average being 89%.
- The performance for patients cancer was better than the CCG and National average. Cancer related indicators were at 100% in comparison with the CCG average of 98.3% and the National average of 98%.

- Performance for mental health related indicators was better than the CCG and national average. The practice QOF was 96.2 with the CCG being 95.4% and the National average being 92.8%.
- The dementia diagnosis rate was above to the CCG and national average. The Practice QOF was 100% with the CCG average being 97.6% and the National average being 94.5%
- Performance indicators for asthma were at 100% with the CCG average being 96.9% and the National average of 97.6%.
- Performance for chronic obstructive pulmonary disease (COPD) were at 100%, with the CCG average being 97.6% and the National average being 96%.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included making effective use of the Eclipse medicines management tool to reduce the dose for patients over 65 years of age taking citalopram escitalopram and ensuring they remained within a safe tolerance level of this medicine.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.



# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Staff had not had appraisals since 2008 though this had been recognised and an action plan put into place to address this issue.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients who needed palliative care and those who were likely to have an unplanned admission to hospital.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- There was a variety of information available for health promotion and prevention in the waiting area and the practice website and leaflet referenced websites for patients looking for further information about medical conditions.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 77.62%, which was above average when compared to the national average of 81.9%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, 94.6% of children had received the MMR vaccine with the national average being 89.9%. Flu vaccination rates for the over 65s were 72.86%, and at risk groups 58.58%. The "at risk" group figures were above the national average percentage whilst the over 65s group were comparable.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

38 of the 39 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. There was one comment card that stated it was hard to telephone for an appointment and that the waiting time was horrendous.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 92% and national average of 87%.
- 93% said the GP gave them enough time (CCG average 90%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 98%, national average 95%)
- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 90%, national average 85%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 90%).

- 83% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

### Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer and was in the process of establishing a carer's support group. We saw that information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended appointment availability on Tuesday, Wednesday and Thursday evenings until 7.45pm for working patients who could not attend during normal opening hours.
- The practice did not have a Patient Participation Group (PPG) actively working at the time of inspection
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. Surgeries were structured to assist young families by having more emergency appointments available to them at the end of the day as that suits these patients better.
- There were disabled facilities and translation services available.
- GPs oversaw the care for their patients who had been admitted to the community hospital which allowed for greater planning and support for patient discharges.
- The practice is responsible for four homes that cater for patients with learning disabilities. The patients here receive an annual health check which is carried out at their home

### Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were from 8:30 to 11:00 every morning and 2:45pm to 5:20pm daily. Extended hours surgeries were offered at the following times on 6:30pm to 7:45pm on Tuesday, Wednesday and Thursday. In addition to pre-bookable appointments that could be booked up to one month in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 33% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).[MC1]
- 56% patients described their experience of making an appointment as good (CCG average 75%, national average 73%).[MC2]
- 73% patients said they usually waited 15 minutes or less after their appointment time (CCG average 62%, national average 65%).

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system in the form of notices in the waiting area, material on the practice website and within the practice's leaflet.

We looked at six complaints received in the last 12 months and found that they had been handled in accordance with the practice's policy. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a referral, which was not actioned correctly by the local hospital referring a patient to a more specialised unit, a delay was had in the patient receiving the appropriate appointment. Information is now given to patients to inform them to contact the surgery should they not receive an appointment within four weeks of the hospital referring them on elsewhere.

# Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice aims and objectives included providing high quality and safe care using the recognised best clinical practice guidelines available. They worked in partnership with patients, their families and carers treating them as individuals and involving them in decision making.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable

safety incidents. We saw evidence that the practice responded appropriately to incidents, significant events and complaints. We saw that any patients affected were supported, given truthful information and when appropriate given an apology.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice had held regular team meetings until August 2014 and though information was still disseminated the current meetings are informal and not minuted.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Seeking and acting on feedback from patients, the public and staff

The practice had encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was not an active PPG at the present time but work had been started in forming one. The last patient survey was undertaken in 2013 when it was recognised that there was serious dissatisfaction with the telephone system. We did meet a prospective member of the PPG during our inspection who did confirm that they were at the early stages of forming the new group.
- The practice had also gathered feedback from staff through informal discussions and there was an action plan in place that we saw during our inspection to ensure staff appraisals were now undertaken. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

# Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- Whilst there was evidence seen that information had been shared, through significant events or complaints, there were no minutes of these meetings available.
- Regular staff meetings had ceased to occur from August 2014. This lapse was recognised by the practice staff and meetings have now been scheduled.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had changed its telephone system following the last patient survey undertaken which has appeared to have made an impact using the comment card statements but hasn't formally undertaken an audit of its impact.

The practice was also recruiting a Healthcare Assistant (HCA) to assist the practice nursing staff deliver their care.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered provider was not documenting minutes of meetings and therefore did not have an effective system in place to evidence how issues affecting service users had been managed effectively.</p> <p>We found that the registered provider did not have a Patient Participation Group (PPG) operating at the time of inspection.</p> <p>This was in breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>We found that the registered provider had not undertaken staff appraisals since 2008 at the time of inspection.</p> <p>This was in breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>